Regimen Reference Order – SUPP – iron isomaltoside

Planned Course: **Until iron stores are replete**
Indication for Use: **Iron deficiency anemia in adult patients**

CVAD: At Provider's Discretion

Blood work requirements:

- ***Blood work at provider's discretion; not required to proceed with treatment***

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – SUPP – iron isomaltoside

Drug	Dose*	CCMB Administration Guideline
iron isomaltoside (Monoferric®)	Dose **less than** 1000 mg	IV in normal saline 100 mL following administration rates below: • 0 to 10 minutes – 170 mL/hour • 10 minutes onwards – 340 mL/hour (Total infusion time approximately 25 minutes)
	Dose **equal to or greater** than 1000 mg	IV in normal saline 100 mL following administration rates below: • 0 to 10 minutes – 120 mL/hour • 10 minutes onwards – 240 mL/hour (Total infusion time approximately 35 minutes)
*iron isomaltoside dose and frequency to be determined by prescriber. Refer to Shared health Parenteral Drug Monograph for usual dose based on hemoglobin and weight		

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order**'

REQUIRED MONITORING

All infusions

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline, at the end of infusion and as clinically indicated
- Observe patient for 30 minutes after administration
- Full vital signs prior to discharge

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None required		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

ADDITIONAL INFORMATION

- iron isomaltoside should be prepared by treatment room nurse immediately prior to administration
- iron isomaltoside should be administered with caution to avoid paravenous leakage during administration; can lead to irritation of the skin and long-lasting brown discolouration at the injection site. In case of paravenous leakage, the administration must be stopped immediately
- iron isomaltoside is associated with hypophosphatemia